COMMONWEALTH of VIRGINIA

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DBHDS Settlement Agreement Stakeholder Group

MEETING MINUTES

November 21, 2013
1:00 p.m. – 3:30 p.m.
Senate Room 3, State Capitol
Richmond, VA

I. Welcome and Introductions

The meeting convened by DBHDS Commissioner James Stewart at 1:02 PM. Commissioner made opening remarks by noting the focus of this meeting, similar to the last meeting, is on specific areas and topics as opposed to broader discussions of the agreement. Commissioner noted that a public comment period would be held at the end of the meeting and individuals interesting in commenting should sign up now on the sheet near the handouts.

II. Community Capacity Building & Bridge Funding

Jae Benz, DBHDS Office of Community Integration, spoke about Bridge Funding and Community Capacity:

- Over the summer, DBHDS requested permission to use FY 2013 DOJ-related carry forward balances for "bridge" funding. The bridge funding would support individuals moving from SVTC and NVTC who have needs or supports requirements that are not currently covered by Medicaid. The bridge funding was approved in October by Secretary Hazel and Secretary Brown. Guidelines to disperse the bridge funds are currently under review with OAG's office. The funding will cover these areas:

    1. One-time support money—reimbursing providers for training and support for those with more extensive support needs
    2. Environmental modifications and equipment that are not currently covered by Medicaid (e.g. getting equipment prior to a move occurring, making adaptations to a group home)
    3. Individuals who have more extensive behavioral support needs that cannot be covered by Medicaid

Ms. Benz emphasized that this bridge funding covers services NOT currently covered by Medicaid. It is available for residential and day providers, but it is tied to specific individuals needing this support.

Some of the bridge funding is time limited, and will only be in effect until Medicaid exceptional rates are approved. Others will be ongoing until any waiver changes are made that might cover these supports.

Question: Is this bridge money the same as Medicaid exceptional rates or is it different? Answer: This is not the same and is state GF only. We will not provide bridge funding for services or supports that are currently provided by Medicaid. When the exceptional rates are approved, these will be Medicaid services, and we will not provide bridge funding when it can be covered by Medicaid.

Question: How will individuals access these funds? Answer: There will be an application process: individuals still choose a provider, the provider indicates they are able to support individual, provider and individuals agree this is the appropriate placement, and then provider submits the application and the application is reviewed by a panel, with a quick turnaround.

Question: How many individuals will this bridge funding support? Answer: Fewer than 15 individuals at SVTC, there are not exact numbers for NVTC at this time.

III. Brief Update on Implementation Activities

Heidi Dix and Kathy Drumwright, DBHDS, provided updates:

Heidi provided a handout showing the current training center discharge status. She then discussed the following:

My Life, My Community Study:

- DBHDS contracted with Human Service Research Institute (HSRI) to conduct the study in June;
- Phase 1 began in August and focused on:
    - Gathering broad stakeholder input
    - Some claims data analysis
    - HCBS waiver analysis
    - SIS administration evaluation
    - Communications strategy
- Stakeholder input: 16 public forums with approximately 1100 participants and 30 stakeholder interviews
    - Forums included small focus groups to discuss access and planning, service deliver, and costs/rates/funding and then the groups voted priority areas
    - Variety of participants from individuals, family members, providers, and advocates
- Claims analysis focused on:
    - How are individuals and expenditures distributed between waivers
    - Where are service recipients living and how does this influence utilization
    - How does utilization and cost by individuals vary among, between, and within waivers and regions

- HCBS waiver analysis examined the stakeholder input, written materials, and interviews with DBHDS and DMAS staff to evaluate system access, eligibility and managing wait lists, CSBs and CM, Service Array, and QM
- SIS Administration evaluation—look at current practice in VA and compared to best practice standards
- Communications—examined methods to communicate over the next 12 months and into roll out and recommended next steps
- Initial discussions with DBHDS and DMAS regarding findings this month. Public report will become available at some time in December with Phase 1 recommendations.
    - DBHDS and DMAS will consider recommendations
    - Individuals and organizations will be able to comment on the Phase 1 report through DBHDS' website

Individual and Family Support Program:

- 750 individuals have been funded as of November 18th.
- October 4th, enrollment was cut off
- Originally intended to do an online application, but IT implementation issues delayed completion of application. Received applications through mail only.

Transition of DD Waiver to DBHDS:

- Staff moved to DBHDS on November 12th.
- Working through IT connectivity issues, but the switch is going well.

Kathy Drumwright provided an update on the Regional Quality Councils (RQCs) and the DBHDS Quality Improvement Committee (QIC)

RQCs have started, most have had two meetings, QIC is doing research on RQCs in other states and QIC looking at it to provide guidance to RQCs on how to operate, people are excited to participate and look at data.

Both the QIC and the RQCs have reviewed data. In addition, DBHDS has created Dashboards that show progress in implementing the enhanced case management guidelines. The Dashboards show CSB's compliance with conducting face to face visits every 30 days and conducting monthly visits.

Kathy noted that DBHDS also operates a Mortality Review Committee that is examining unexplained/unexpected deaths and trends. This Committee has been the impetus for sending our five Safety & Quality Alerts to provides about risk areas and concerns that they should pay attention to in supporting individuals.

The RQCs and the QIC use the trend data from the Mortality Review Committee, CHRIS system data, and other sources to monitor overall trends and discussion potential system improvement areas. Things are just getting started, but they are beginning to really dive in and closely examine the information.

Comments/Questions from the Stakeholder Group regarding Kathy and Heidi's update:

Question: Are you seeing any families that have individuals residing at SEVTC want to make the transition to community? Answer: Yes, we have several individuals that have indicated an

interest in moving. We do anticipate people going below 75 people living there and we are hearing from families that don't want to leave TCs and want to move there.

Question: There has been questions raised about when and how DBHD revokes licenses when providers are determined not to be safe. What is the status of looking at this at the Department? The Arc asked at TACIDD meeting and would like an update (TACIDD meeting was 11/15/13). Answer: We have started conversations and we are working on it and still getting organized internally on how we will address it, we might form a workgroup per The Arc's suggestion, but we do not know yet.

Question/statement: The Arc's would like noted its continued concern about lack of representation on the QIC. Answer: DBHDS has looked at this as part of examination of things that go on in other states (GA and MA, in particular). It is still determining how to proceed in this area.

Question: How many IFSP applications have been received and how many individuals were not able to get IFSP support. Answer: Heidi Dix will get this information to Ms. Hulcher who asked the question.

Commissioner Stewart provided a budget update:
The spreadsheet is part of the handout. This handout was also presented to the Senate Finance Committee on Oct 17th and shows what we anticipate in FY15-16 as far as budget, but this can change as we finalize the Governor's budget.

Question: Will language in the upcoming General Assembly session address the carry forward issue? (DBHDS has to request permission each year to carry forward DOJ related balances). Answer: That is the goal.

Question: How are Money Follows the Person slots counted and is the enhanced match reflected in the budget handout? Answer: We are still working with DMAS and DBHDS on how this accounted for and hope to have that resolved soon.

Question: How are you going to account for all the different waiver slots and how it fits with the Settlement Agreement annual slot requirements? Can you put a chart together? Answer: DBHDS is working with DMAS on this issue because DOJ also needs this chart.

Question: How is it going with children leaving NFs/ICFs (per Settlement Agreement requirements)? Answer: DBHDS and DMAS have a meeting with Ascend, PASRR system vendor. Getting technical assistance from the PTAC (CMS funding technical assistance center) to determine how we can divert individuals who are screened through PASRR and use resident reviews to identify individuals who could move. DBHDS has received data from DMAS regarding about 270 children who reside in NFs/ICFs. DBHDS is engaging directly with the Virginia Health Care Association (representing nursing facilities and other long-term care providers) to engage these facilities directly. DBHDS plans to pull larger group that was meeting on these issues back together in a few months.

Question: My daughter is at observational care unit at NVTC getting support, she was hospitalized in September and then returned to NVTC. If she moved into a group home, how would this type of support or care be handled or taken care of? Answer: We are working to find

providers that can do that and are willing to provide that kind of support. There are currently existing providers that provide this kind of support every day to individuals who are hospitalized and require step down care. DBHDS is working to ensure we have this capacity in every region including Northern Virginia.

Question: Are there adequate ICFs in VA in your opinion? Answer: This question has to be answered in a larger context—the waiver has to be adapted so we can support the broadest array of supports for individuals and that is front and center in the waiver study. There is more of need to move to services that are more individualized and provide this ICF level support regardless of setting. The waiver will allow this type of support, when redesigned.

Question: The ICF level of care is a comprehensive program and the waiver program is selective and only certain services are available? Answer: ICFs are paid a daily rate and then have to contract to get services from different providers. For example, someone may prefer a different occupational therapist, but if the ICF has a contract with another therapist, everyone in that ICF would use that therapist. With waiver, each and every service is paid through DMAS. It is a different method of service, but does NOT mean they won't get comprehensive services. The waiver was actually created to get people to have more choice. Individuals select their particular provider for the services they require.

There was no break in the meeting.

IV. Revised Crisis Services/START Plan

Dr. Garland provided a crisis services update. A workgroup was put together to review current crisis services that have been implemented for adults and the crisis services that need to be implemented for children. Olivia discussed the children's plan, which will establish staff in each regional START program to provide outreach and in-home supports to children.

Question: Is START working on supporting individuals with intensive personal care needs. Example supporting individuals with wheelchairs, can START accommodate those individuals in their crisis respite homes? Answer: Yes, they are working on that issue.

Question: Will there be public comment on the plans you are putting together? Answer: we will take this into perspective and discuss that internally. DBHDS does have folks on the crisis workgroup from all over the state and all different types of providers.

Question: Crisis for children, staffing seems limited from this plan, will there be an opportunity to expand that plan and services? Answer: DBHDS will monitor implementation closely and expand further if needed, but right now we do not know exactly what is needed.

Question: Any update on the Employment First initiative? Answer: The plan that is to be submitted to DOJ was updated recently with extensive input from the SELN AG. In addition, DBHDS has re-engaged its Interagency Workgroup on this issue to tackle data collection. DBHDS is working to formalize the Interagency Workgroup and the SELN AG through MOUs. At this time, DBHDS is meeting its quarterly targets that were set in March for improving Individual Supported Employment.

Commissioner Stewart noted that DBHDS had meetings in September at all 4 TCs that were closing to discuss issues and concerns with families.

Question: How will the moves transpire for individuals that have chosen TC placement? Answer: DBHDS is making decisions on an individual basis. DBHDS is looking at where we have supports available and beds in the TCs and trying to minimize distance for families to travel. For the families at SVTC, they will be told within 2-3 months and go through a modified discharge process to identify and train staff and assist with move to the other TC.

Question: Will discussions about discharge still continue even as people move and when they move? Answer: Yes.

Question: Waiver redesign forums, the feedback we heard was that families heard about it through case managers and through family organizations. We want all the individuals receiving waiver services and supports to receive notification.

V. Public Comment

Jennifer Fidura—on behalf of the Virginia Network of Private Providers.

Thank you for the opportunity to offer comments on behalf of the members of the Virginia Network of Private Providers. We wish to express our concern and frustration with the barriers being placed in the discharge process.

Let me begin by saying that we feel strongly that the system for community care is under-funded and we will be taking whatever steps we can during the upcoming Session of the General Assembly to work with our elected representatives to add needed resources. We do not accept the premise that a solution can wait until a study is done.

We worked well with staff early on to have input in to the discharge process and the multiple layers of oversight in the pre-move and post move monitoring; more recently we have adjusted to the frequency and the disruptions caused by the more intensive monitoring by the Case Managers.

However, we are now faced with a variety of "rules" and "mandates" which are being imposed by Training Center staff outside of the established flow of the discharge process. The expectations appear arbitrary, frequently unrelated to the individual being discharged and are nearly always offensive and demeaning to the provider and/or their staff.

The material shared as part of the "training" is always institutionally oriented and requires "translation" into the language, practice and policy of a community organization.

There is also a significant cost involved – I have heard that there is discussion of using "carry-over" bridge funding to offset costs; this is one-time funding and we are not willing to accept requirements which become more unfunded mandates. For budgeting

purposes one can generally assume that each hour of training will cost slightly more than three times the hourly wage for the average DSP not including travel expenses.

Our real concern is this – we were not involved in the planning, we were not part of the discussion of the need, and there has been no official communication concerning the plans for adding steps to the Discharge Process.

The responsibility for assessing the ability of a provider to provide the supports necessary for a specific individual lies first with the provider, second with the family, third with Licensing (§590),and last with the Training Center.

Pat Bennett

Thank the Dept and all the volunteers to contribute so much to make this system something we can be proud of. NVTC has an observational care unit and her daughter has used it after hospitalization.
She has looked at group homes and tried to keep an open mind. Her daughter is very medically fragile. She is extremely disappointed at what she is seeing in group homes, she has been disappointed with the level of physician and nursing support. She also visited an ICF and it was disappointing. What she is seeing out there in the community and she is struggling and she is determined to keep an open mind, unfortunately the requirements to support the individuals left in the training center are going to be quite challenged in supporting folks—services must be safe healthy and accountable

Commissioner response: Thank you. I would like to respond by saying the process is intended to be individualized and I appreciate you are participating in the process and giving feedback to us and staff so we can find and/or creating things that do not exist today.

Kent Olsen

I have been looking for group homes for my son and we haven't had any takers. What do we do when there are no takers and SVTC is good for him, but it is closing. He has trouble with transportation and SVTC is still working on it and what happens if that training is incomplete when he moves—how are we going to support his son. Are you offering bridge funding or waiver funding up front or does the provider have to drag it out of you?

Dr. Garland response: We will notify providers as soon as we have approval for bridge funding.

Kent Olsen: Should all else fail, where will my son go? What if he doesn't get a provider?

Dr. Garland discussed with him options for placement.

The Commissioner concluded public comment period and thanked everyone for attending.

VI. Future Meeting Topics and Meeting Dates for CY 2014

The group discussed meeting on January 3rd. After the meeting it was noted that these are the dates for the General Assembly budget briefings and a request was made to change the meeting date. The next meeting will be January 6th, from 2:00 – 4:00 pm, at Henrico Area Mental Health & Developmental Services, 10299 Woodman Road, Glen Allen, VA 23060-4419

The meeting adjourned at 2:34 pm